## NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 26, 2002 8:00 am

| DOCUMENT # 76850/  1. Entity Name  |   |  |      |                        |                                   | Secretary of State 03-26-2002 90011 032 ****61.25   |                |               |  |
|--|---|--|------|------------------------|-----------------------------------|---|----------------|---------------|--|
| 20   | DGE 2524 COR  | 2.P.   |      | ,                      |                                   |   |                |               |  |
| DO NOT WRITE IN THIS SPACE   |   |  |      |                        |                                   |   |                |               |  |
|  | Place of Business  Size Ad  t. #, etc.                  | 3. Mailing Address 734 CREEN RJ Suite, Apt. #, etc.  |      |                        |                                   | B0050390  DO NOT WRITE IN THIS SPACE  |                |               |  |
| City & Sta<br>New S<br>Zip<br>321  | Country Country   | New SMYRNA BEAC<br>Zip Country<br>32168  |      |                        |                                   | 4. FEI Number  O5-9146696  Not Applicable  5. Certificate of Status Desired  \$8.75 Additional Fee Required |                |               |  |
| بالإستان ميد ورضا  | د بنتم ∼  | 7. Name and Address of Current Registered Agent Name Joseph J. Andreano Street Address (P.O. Box Number is Not Acceptable) |      |                        |                                   |   |                |               |  |
| IN THIS SPACE  8. The above named entity submits this statement for the purpose of changing its re |   |  |      | City Ne                | ew Smyrna Beach FL Zip Code 32168 |   |                |               |  |
| SIGNATURE  | Signature, typed or printed name of registered agent at | od title if applicable. (NOTE:   | ···· | d Agent signature      |                                   | <u></u>   | DATE Make Cher | ck Payable to |  |
| 10.  | Initial or Amended UBR  OFFICERS AND DIR                | Trust Fund Co  |      | · · -                  |                                   | 55.00 May Be<br>Added to Fees   |                | ent of State  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | PIDJOSEPH ANDREA 724 GREEN Rd New SMYRNA BEAC           | no<br>K, Fl 32188  |      | ET ADDRESS<br>-ST-ZIP  | -                                 |   |                |               |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DORESS 3938 S. ATLANTIC AVE                             |  |      | ET ADDRESS<br>ST-ZIP - |                                   |   | و ره           |               |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PONCE INLET, FL 32127                                   |  |      | ET ADDRESS<br>ST-ZIP   |                                   |   | NOT WR         |               |  |
| ITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T-ZIP PORT ORAMSe, FL 32178                             |  |      | ET ADDRESS<br>ST-ZIP   | IN THIS SPACE                     |   |                |               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 727   |  |      | et address<br>St-Zip   |                                   |   |                |               |  |
| ITLE<br>NAME<br>STREET ADDRESS<br>SITY-ST-ZIP  | D Joseph Cirone<br>744 Rolling Hills<br>DAYTONA BEACH   | Da   | II   |                        |                                   |   |                |               |  |

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph AndReano 3/2/02

Lodge 2524 CORP Officer & Directors

FRANK PAlmieri - D 6467 BenAISSANCE DR PORT ORANGE, Fl 32128

Nicholas Calvano - D 2 Bengles Rest Ormand Beach, H 32174

Dorothy CASCIOTIA - D 13 OAK St Port Orange, FL 32127

Vito Recine - B 329 Wilder Blud # c302 Daytona Beach, H 32174 CLOE GUARDINO - D 2828 SUNSET DR New SMYRNA BEACH, Fl 32118

> SAM PLUMERI - D 5490 CRANE FEATHER DR PORT ORANGE, FL 32128

Ann SABAto - D 3743 S Atlantic Ave Daytona Beach Shares, fl 32127

Paul Steffanell: -D 2616 N. Glenwood Ave New Snyena Beach, fl 32168